

CALIFORNIA LIQUID WASTE HAULER RECORD

015

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTHSFUND RECCRDS CTI:
959000271

PRODUCER OF WASTE (Must be filled by producer)

Name ALUMINUM Co. of AMERICA ☐ ☐ ☐ ☐ ☐ ☐
(PRINT OR TYPE) 5151 ALCOA AVE - VERNON, CA ☐ ☐ ☐ ☐ ☐ ☐
Pick up Address (NUMBER) (STREET) (CITY) (STATE) (ZIP) CODE NO.

Telephone Number: () () () () () () P.O. or Contract No. () () () () () ()

Order Placed By _____ Date _____

Type of Process _____
which Produced Wastes _____ CODE NO.(Examples: metal plating, equipment cleaning, oil drilling
wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | | |
|---|--|---|
| 1. <input type="checkbox"/> Acid solution | 6. <input type="checkbox"/> Tetraethyl lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution | 7. <input type="checkbox"/> Chemical toilet wastes | 12. <input type="checkbox"/> Cannery waste |
| 3. <input type="checkbox"/> Pesticides | 8. <input type="checkbox"/> Tank bottom sediment | 13. <input type="checkbox"/> Latex waste |
| 4. <input type="checkbox"/> Plant sludge | 9. <input type="checkbox"/> Oil | 14. <input type="checkbox"/> Mud and water |
| 5. <input type="checkbox"/> Solvent | 10. <input type="checkbox"/> Drilling mud | 15. <input type="checkbox"/> Brine |

☐ Other (specify) _____ CODE NO.Components:
(Examples: hydrochloric acid, lime, caustic soda,
phenolics, solvents (list), metals (list),
organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Hazardous Properties of Waste:

pH _____ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosiveBulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other _____ (SPECIFY)Containers: _____ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other _____ (SPECIFY)Physical state: ☐ solid ☐ liquid ☐ sludge ☐ other _____ (SPECIFY)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

Name ASBURY OIL CO. ☐ ☐ ☐ ☐ ☐ ☐
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392
CODE NO.

Pick Up: _____ (DATE) _____ Time: _____ (AM/PM)

State Liquid Waste Hauler's Registration No. (if applicable): 15Job No.: _____ No. of Loads or Trips: 1 Unit No. 10Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other _____ (SPECIFY)The described waste was hauled by me to the disposal
facility named below and was accepted.I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Operator Industries ☐ ☐ ☐ ☐ ☐ ☐
Site Address: 11111 1st St, Gardena, CA CODE NO.The hauler above delivered the described waste to this disposal facility and it was an acceptable
material under the terms of RWQCB requirements, State Department of Health regulations, and
local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

- ☐ recovery
- ☐ treatment (specify): _____ (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.
- ☒ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well
- ☐ other (specify): _____ CODE NO.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 6-30-74I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of
Health with monthly fee reports.

COPY TRACED FROM LEGIBLE DOC. 3/92

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FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name _____